

COLLEGE STATION COMMUNITY DEVELOPMENT  
APPLICATION FOR HOMEOWNERSHIP PROGRAMS

1. **BORROWER:**

Name\_\_\_\_\_Address\_\_\_\_\_City\_\_\_\_\_Zip\_\_\_\_\_

Social Security #\_\_\_\_\_Driver’s License #\_\_\_\_\_

Home Phone\_\_\_\_\_Cell Phone\_\_\_\_\_Email Address\_\_\_\_\_

Rent\_\_\_\_\_Own\_\_\_\_\_Number of Years\_\_\_\_\_Amount of Rent \$\_\_\_\_\_

Unmarried\_\_\_\_\_Married\_\_\_\_\_Divorced\_\_\_\_\_Widowed\_\_\_\_\_

Name of Employer\_\_\_\_\_Address\_\_\_\_\_

Position\_\_\_\_\_Years on Job\_\_\_\_\_Work Phone\_\_\_\_\_

Salary: \$\_\_\_\_\_per hourHours worked weekly: \_\_\_\_\_OR Annual Salary: \$\_\_\_\_\_

Former Address\_\_\_\_\_Rent\_\_\_\_\_Own\_\_\_\_\_Number of Years\_\_\_\_\_

2. **CO-BORROWER (Spouse, partner, or household member. No co-signer):**

Name\_\_\_\_\_Address\_\_\_\_\_City\_\_\_\_\_Zip\_\_\_\_\_

Social Security #\_\_\_\_\_Driver’s License #\_\_\_\_\_

Home Phone\_\_\_\_\_Cell Phone\_\_\_\_\_E-Mail Address\_\_\_\_\_

Rent\_\_\_\_\_Own\_\_\_\_\_Number of Years\_\_\_\_\_Amount of Rent \$\_\_\_\_\_

Unmarried\_\_\_\_\_Married\_\_\_\_\_Separated\_\_\_\_\_Divorced\_\_\_\_\_Widowed\_\_\_\_\_

Name of Employer\_\_\_\_\_Address\_\_\_\_\_

Position\_\_\_\_\_Years on Job\_\_\_\_\_Work Phone\_\_\_\_\_

Salary: \$\_\_\_\_\_per hourHours worked weekly: \_\_\_\_\_OR Annual Salary: \$\_\_\_\_\_

Former Address\_\_\_\_\_Rent\_\_\_\_\_Own\_\_\_\_\_Number of Years\_\_\_\_\_

3. **HOUSEHOLD INFORMATION:**

List all persons living in your household, including yourself first.

Last Name	First Name	Relationship	Date of Birth	Sex	Social Security Number

4. **SOURCES OF INCOME:**

Income includes wages, child support, alimony, AFDC, SSI, Social Security benefits, interest earned from assets and all other income for any and all household members.

Name	Source of Income	Annual Amount Received

5. **ASSETS:**

List all assets for any and all household members. Assets include balances of bank accounts, IRAs, gas or oil royalties, rental income, cash value of stocks or bonds, value of automobiles, and any other assets.

Name	Type of Asset	Value of Asset

6. **THESE QUESTIONS APPLY TO BOTH BORROWER & CO-BORROWER**

- ☐ Yes
- ☐ No \* Do you have any outstanding judgements?
- ☐ Yes
- ☐ No \* In the last 7 years, have you declared bankruptcy?
- ☐ Yes
- ☐ No \* Have you had real property foreclosed upon or voluntarily given real property back to the seller?
- ☐ Yes
- ☐ No \* Are you a co-signer or endorser on a note?
- ☐ Yes
- ☐ No \* Are you a party in a lawsuit?
- ☐ Yes
- ☐ No \* Are you obligated to pay alimony, child support or separate maintenance?
- ☐ Yes
- ☐ No \* Are you claimed as a dependent on someone elses tax return?
- ☐ Yes
- ☐ No \* Have you owned a home within the last three years?
- ☐ Yes
- ☐ No \* Are you a displaced homemaker?
- ☐ Yes
- ☐ No \* If divorced, did you own a home with your spouse?
- ☐ Yes
- ☐ No \* Are you currently living in government-assisted housing? (Section 8, Voucher, Certificate, Public Housing, etc.?)

If a “YES” answer is given to any question, please explain: (If more room is needed please attach an extra sheet.)

7. **LIABILITIES AND DEBTS:**

Debts include charge accounts, furniture accounts, automobile loans, alimony, child support, personal and real estate loans, finance companies, and any other monthly financial obligation, excluding utilities.

Creditor/Address	Account #	Monthly Payment	Total Owed

**COLLECTION POLICIES FOR CONSUMER DEBTS:**

The City of College Station is authorized by law to take any or all of the following actions in the event of any questionable information given.

- Report your name and account information to the credit bureau.
- Assess additional interest and penalty charges for the period of time that payment is not made.
- Assess charges to cover additional administrative costs incurred by the City to service your account.
- Offset amounts owed to you under other City programs.
- Refer your account and application to a private collection agency to collect the amount due.
- Refer your account and application for litigation in the courts.
- Refer your debt and application to the Internal Revenue Service for offset against any amount owed to you as income tax refund.
- Report any written off debt to the Internal Revenue Service as taxable income.

All of these actions can and will be used to recover any debts owed when it is determined to be in the interest of the City to do so.

**ADDITIONAL INFORMATION:**

1. You must provide copies of the Social Security Cards for all household members (copy the front and back of each card).
2. Borrower and Co-Borrower, if applicable, must present Driver’s License when application is presented.
3. You must provide a copy of the last two months’ paycheck stubs.

4. You must provide copies of your last six months bank statements for all accounts (except retirement or pensions).
5. If you pay or receive child support or alimony, you must provide a copy of the divorce decree.
6. If you are self-employed, an independent contractor, or a commissioned salesperson, you must provide income tax returns and bank deposit statements for the previous two years in addition to your current Verification Of Employment form.
7. Down Payment Assistance Program funds are from the City of College Station's Federal HOME Investment Partnership Grant.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES:**

Borrower:

- ☐ American Citizen
- ☐ U.S. Non-Citizen National
- ☐ Qualified Alien

1.) Ethnicity

Is your ethnicity:

- Hispanic or Latino or  
Not Hispanic or Latino

2.) Race

Is your race:

- ☐ American Indian or Alaskan  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander  
☐ White  
☐ American Indian or Alaskan & White  
☐ Asian and White  
☐ Black or African American & White  
☐ American Indian or Alaskan & Black  
     or African American  
☐ Race combination not included in above  
     categories

Co-Borrower:

- ☐ American Citizen
- ☐ U.S. Non-Citizen National
- ☐ Qualified Alien

1.) Ethnicity

Is your ethnicity:

- Hispanic or Latino or  
Not Hispanic or Latino

2.) Race

Is your race:

- ☐ American Indian or Alaskan  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander  
☐ White  
☐ American Indian or Alaskan & White  
☐ Asian and White  
☐ Black or African American & White  
☐ American Indian or Alaskan & Black  
     or African American  
☐ Race combination not included in above  
     categories

**How did you learn about this program?** (check one) ☐ City Website ☐ Newspaper Ad ☐ Utility Bill Stuffer ☐ Word of Mouth  
Referral from (check one if applicable) ☐ Realtor ☐ Lender ☐ City Staff ☐ Other (explain)

**AGREEMENT:**

The undersigned applies for the loan indicated in this application to be secured by a mortgage or deed of trust on the property herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. The lender will retain the original of this application, even if the loan is not granted.

**CERTIFICATION:**

Under the penalties of perjury, I/We certify that the Social Security Number(s) and other information provided on this form are true, correct and complete.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code.

I have read and I understand the actions the City can take in the event that I fail to meet my scheduled payments in accordance with the terms and conditions of my agreement. I also agree that I have provided accurate and complete information regarding my income and eligibility for the program. In addition, I give permission for the City of College Station to obtain and review any and all information regarding my credit history.

**WARNING**

***Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.***

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Borrower's Signature

Date \_\_\_\_\_

Co-Borrower's Signature

Date \_\_\_\_\_



VERIFICATION OF EMPLOYMENT

Employee/Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period, and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

TO BE COMPLETED BY AUTHORIZED OFFICIAL

- 1. Date of employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
- 2. Home Address \_\_\_\_\_
- 3. Current rate of regular pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc.)
- 4. Current rate of overtime pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc.)
- 5. Number of hours per week employee normally works \_\_\_\_\_
- 6. Anticipated average amount of overtime per week \_\_\_\_\_
- 7. Gross annual earnings you anticipate for this employment for the next twelve months \$ \_\_\_\_\_
- 8. Anticipated tips, commissions, bonuses \$ \_\_\_\_\_
- 9. Do you anticipate any change in the employee's rate of pay in the near future? ☐ Yes ☐ No  
If yes, revised rate \_\_\_\_\_, effective date \_\_\_\_\_.
- 10. Do you anticipate any change in the number of hours the employee works? ☐ Yes ☐ No  
(If yes, explain under item number 12.)
- 11. If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_
- 12. Additional comments \_\_\_\_\_

I verify that the preceding information is true and correct. (Form should be signed in front of a notary.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Employer \_\_\_\_\_

This form should be returned to the Employee/Applicant.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction

STATE OF TEXAS )  
 ) ACKNOWLEDGMENT  
COUNTY OF BRAZOS )

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for  
The STATE OF TEXAS